House Bill 406
Montana Community Health Center Support Act

Chuck Hunter, Montana Primary
Care Association 442-2750

What is a Community Health Center, or "CHC"?

- Technically, it is a "Federally Qualified Health Center, or FQHC - a status awarded by Health Resources Service Administration, or HRSA, part of the federal Department of Health and Human Services.
- Community Health Centers:
  - Are local, non-profit, community-owned health care providers
  - Serve low income, and medically underserved populations
  - Provide primary and preventive medical care
  - Are open to all, and charge for services on a sliding scale basis (which is based on income and ability to pay)
  - Provide primary and preventive medical care
  - Provide services that help patients access health care
  - Are governed by a community board with a majority of members who are health center patients
  - Receive a federal grant that partially covers the cost of delivering this care - (truly, covers the cost of delivering uncompensated care)
  - Receive liability protection under the Federal Tort Claims Act

Services Provided at Community Health Centers

- Health services related to family medicine, internal medicine, pediatrics, obstetrics, and gynecology
  - Furnished by physicians and where appropriate, physician assistants, nurse practitioners, and nurse midwives.
- Diagnostic services.
- Preventive health services, including prenatal services, well-child care, immunizations, cancer and other preventive health screenings, family planning services.
- Dental services.

CHC Services Continued

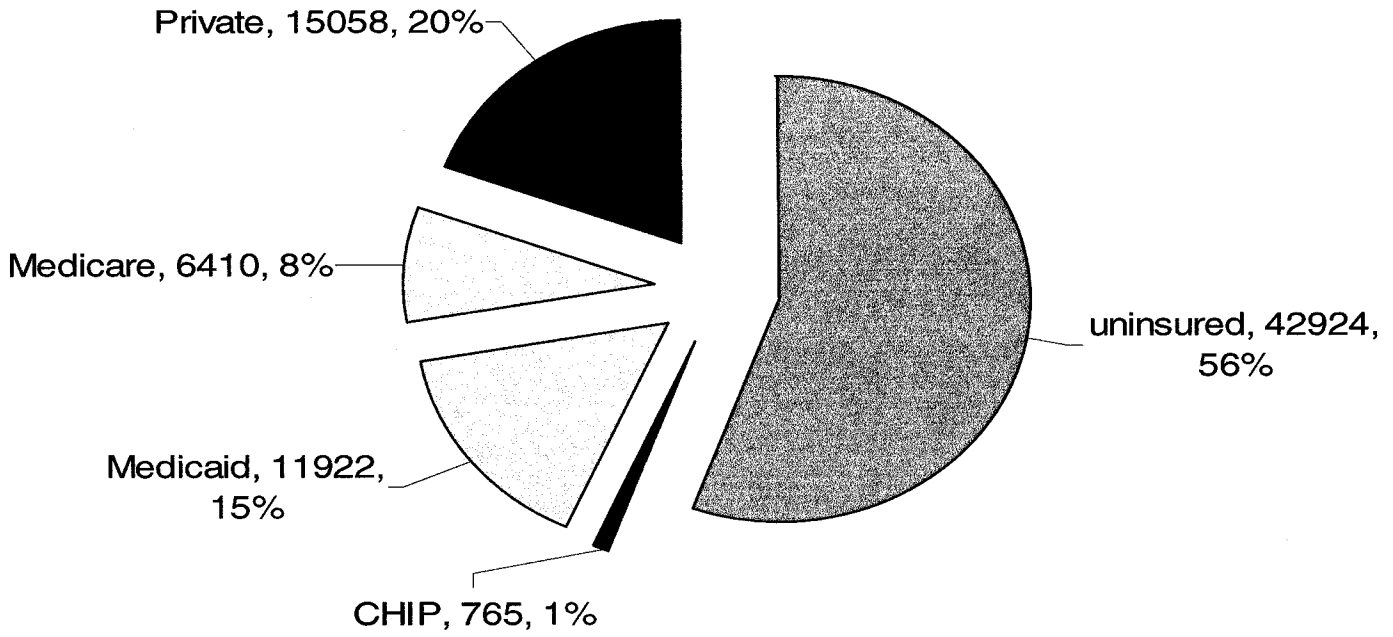
- Pharmaceutical services.
- Substance abuse and mental health services.
- Referrals to other medical and health related providers.
- Case management services.
- Enabling services, such as transportation and translation services.
- Patient education.

We already have Community Health Centers in Montana

- 11 existing CHCs
  - Miles City, Ashland, Helena, Great Falls, Butte, Billings, Chinook, Cut Bank, Libby, Missoula, Livingston
- CHCs have satellite locations
  - Troy, Eureka, Harlem, Sheridan, Dillon, West Yellowstone, and Bozeman
- Statewide, our CHCs saw 76,520 patients in 2005, almost 80 thousand in 2006
- CHCs tallied 251,108 patient visits in 2005

Who are CHCs Serving?

CHC Patients by Insurance Type: 2005



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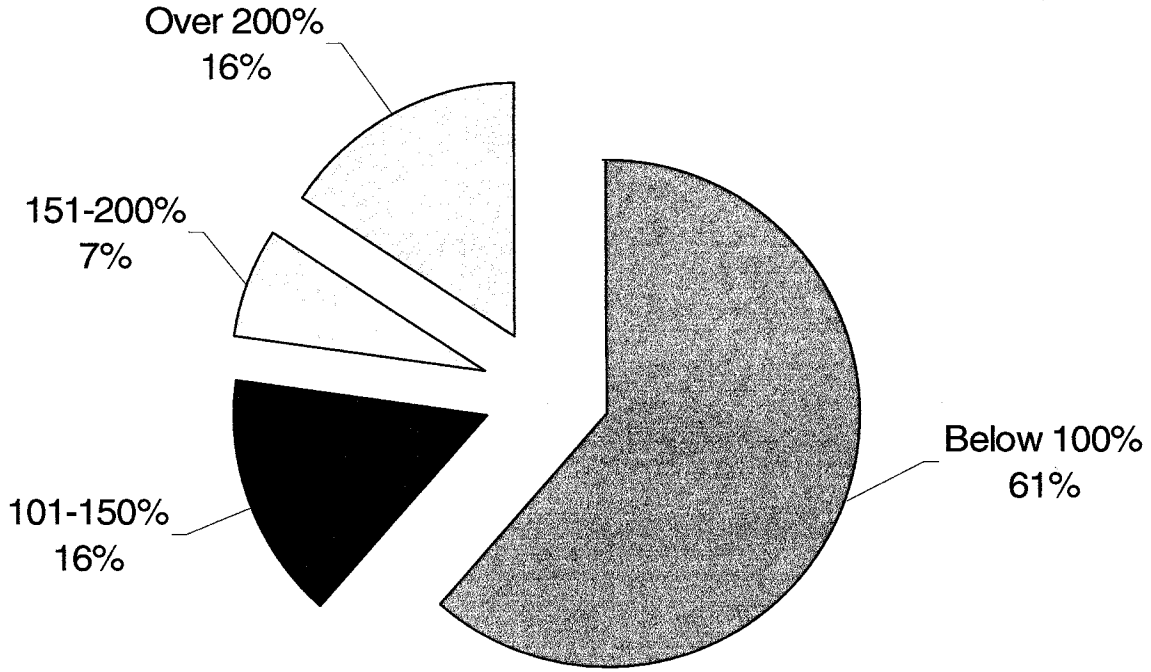
Who are CHCs Serving?

CHC Patients by Poverty Level - 2005



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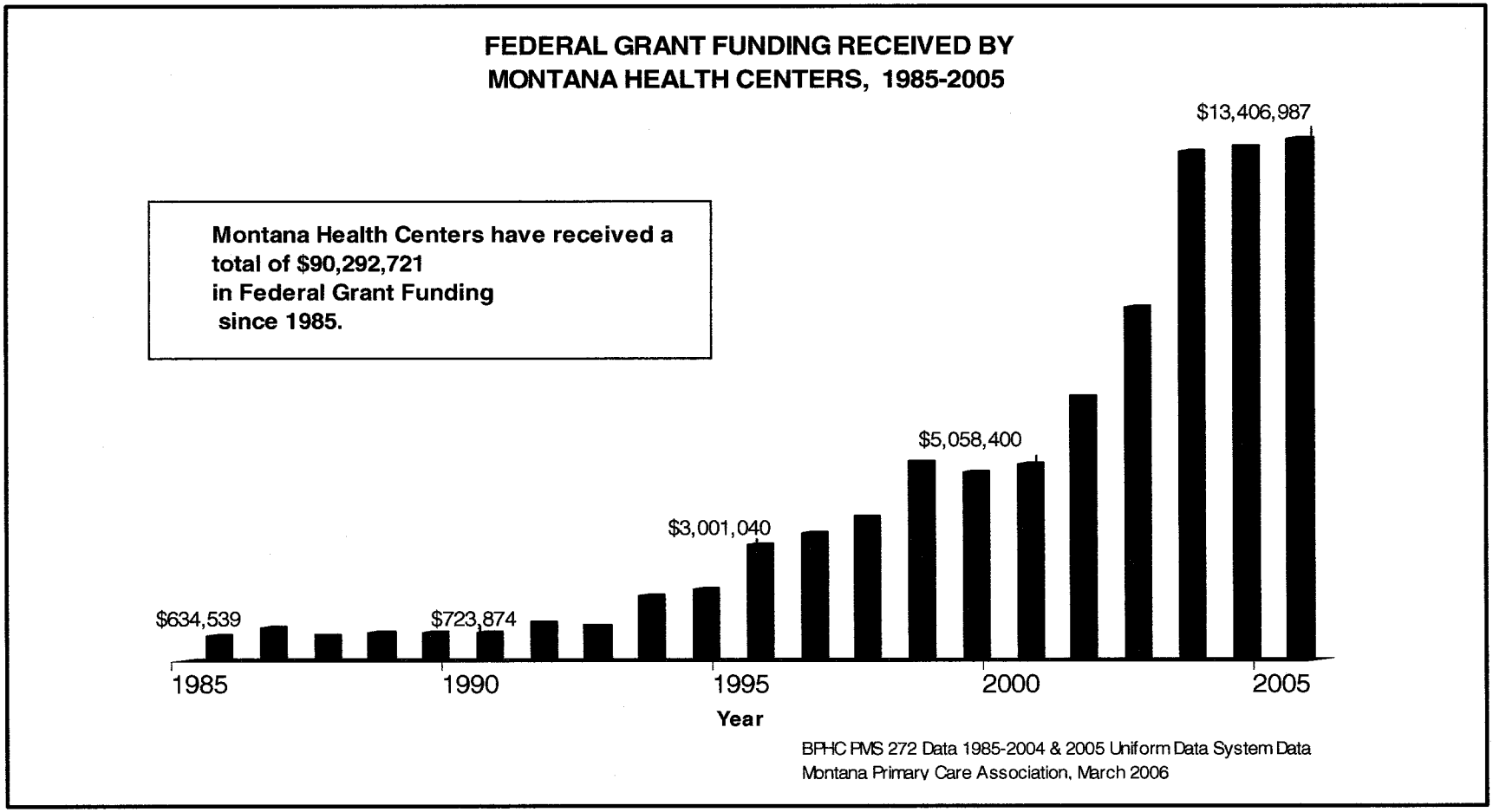
CHCs Bring in Lots of Federal Funds



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The House Amendments

- House approps cut the funding from $2 million to $650K per year, and made funding one time only. Effects are:
  - Will fund only one new center
  - No funds for service expansion at existing centers (dental and mental health)
  - Instead of serving 16,000, will only serve 5000.
  - No funds for capital improvements at existing centers
  - OTO presents difficulties for planning; recruiting and retaining staff, site selection, etc.

The Business Case for Community Health Centers

- Montana has high rates of uninsured, underinsured, low income citizens.
- Montana has many areas that are medically underserved.
- Many Montanans have difficulty accessing medical care.
- CHCs provide an answer to all of those issues.
- CHCs can leverage federal funds, and provide a great return on investment for the state.
- CHCS will provide comprehensive care, including mental health and dental services, to thousands of additional people if this bill is approved and funded.
- Unlike other proposals that seek to expand coverage through changes to eligibility or entitlements , this proposal directly provides care to the uninsured – and still provides new access points for Medicaid, Medicare, CHIP and private pay citizens.

ABC Community Health Center Sliding Scale
(example only)

	Billed	Billed % of charges	Billed % of charges	Billed % of charges	Billed % of charges	Billed % of charges
Family Size	**"minimum fee"**	**20%**	**40%**	**60%**	**80%**	**100%** **"full fee"**
1	$0 - $9,570	$9,571 - $11,963	$11,964- $14,355	$14,356 - $16,748	$16,749- $19,140	$19,141 and above
2	$0 - $12,830	$12,831- $16,038	$16,039- $19,245	$19,246 - $22,453	$22,454- $25,660	$25,661 and above
3	$0 - $16,090	$16,091- $20,113	$20,114- $24,135	$24,136 - $28,158	$28,159 - $32,180	$32,181 and above
4	$0 - $19,350	$19,351- $24,188	$24,189 - $29,025	$29,026 - $33,863	$33,864 - $38,700	$38,701 and over
for each additional family member	*+$3,260*	*+$4,075*	*+$4,890*	*+$5,705*	*+$6,520*	
CHC Target population	to 100% of poverty	to 125% of poverty	to 150% of poverty	to 175% of poverty	to 200% of poverty	Over 200% of poverty

"The Slide"

Based on Federal poverty guidelines released February 18, 2005.

Federal Poverty Guidelines: 2006

Family Size	*Annual Income*	*Monthly Income*
One	$ 9,800.00	$ 816.00
Two	13,200.00	1,100.00
Three	16,600.00	1,383.33
Four	20,000.00	1,666.67
Five	23,400.00	1,950.00
Six	26,800.00	2,233.33

CITY-COUNTY HEALTH DEPARTMENT

115 4th Street South • Great Falls, MT 59401 • 406-454-6950

February 8, 2007

The Honorable John Sinrud, Chairman
House of Representatives Appropriations Committee
Montana State House of Representatives
P. O. Box 200400
Helena, Montana 59620-0400

Re: HB 406 - Community Health Center Support Act

Dear Representative Sinrud and Members of the House Appropriations Committee:

On behalf of Cascade City-County Health Department, I ask you to vote in favor of HB 406. The bill seeks state general funds to improve access to primary and preventive health care for uninsured, low-income residents of Montana. Within our Health Department, we have a medical and dental clinic that serves primarily low-income, uninsured residents in Cascade County. Funded by a federal grant along with insurance payments and fees paid directly by patients based on a sliding fee discount scale, we are currently able to serve about 6,000 patients. Unfortunately, this is but a fraction of those in need. A recent study by the University of Montana found that about 19% of Montanans are without health insurance. This equates to about 15,000 people in Cascade County alone. Our current resources are simply inadequate for us to better address basic health care needs of our uninsured.

Primary and preventive health care are two of the most effective strategies for keeping people healthy and saving money by reduced emergency room, hospital, and specialty care visits. About 36 other states have already recognized there are cost savings through increased access to health care and are currently providing direct grant funding to Community Health Centers in their respective states. Montana has an opportunity to do the same by increasing access to health care for those in need.

Please support HB 406, Community Health Center Support Act.

Most Sincerely,

Cherry Loney, Executive Director

CL/tag

FAX

Benefis
HEALTHCARE

February 7, 2007

House Appropriations Committee
Montana Legislature
Helena, MT 59604

Dear House Appropriations Committee Members:

Benefis Healthcare in Great Falls is Montana's largest provider of Medicaid inpatient care.

Benefis Healthcare and the City-County Health Department Community Health Care Center have a very close working relationship. Benefis supports their mission of caring for the uninsured, the underinsured and others with access issues. In fact, over the last several years we have worked together on an Access To Care Task Force formed by Benefis.

In view of the Community Health Care Center's vital mission in our community and the many unmet needs they can not address due to the lack of funds, Benefis supports **HB 406** and we urge you to do likewise.

Please support HB 406.

Sincerely,

John H. Goodnow, CEO
Benefis Healthcare System

JHG:ycb

Cc: Cherry Loney, Health Officer/Executive Director

7 February 2007

Sue Mitchell
508 Maki Dr.
Hamilton, MT 59840

State of Montana
House Appropriations Committee Members
Helena, MT

RE: Healthcare needs for Ravalli County, MT

To Whom It May Concern:

My name is Sue Mitchell and I am a resident of Hamilton, MT. During the latter part of 2002 I became involved with a non-profit organization, Sapphire Community Health, Inc. This is a group of concerned Ravalli County citizens who had identified the vast need for healthcare for the growing underserved population in Ravalli County. This group saw the need to bring a facility to Hamilton that would provide primary medical care, dental care, mental health services and substance abuse services on a sliding scale fee and is affordable to all individuals.

As a rural community, Hamilton, is fortunate to have a small hospital and a variety of fine physicians, dentists and other professional care givers; however there continues to be a portion of the community who fall between the cracks for care. This population is the uninsured or more often the underinsured. Who are these individuals? You would be surprised. You are probably sitting next to someone who falls into this category or you encounter them daily, they are your friends, neighbors, fellow co-workers and family members. These individuals are the people who wait on you at the local grocery store, serve you at the local bakery, care for your pets at the vet or the kennel, and many local small business owners.

Have you considered private insurance? I have it and I do not have health problems. I still pay almost $400 per month and I have to cover the $5000 annual deductible before they cover anything.

In Ravalli County, 13.8% of individuals at or below 100% of the Federal Poverty Guideline and 39% of individuals at or below 200% of the Federal Poverty Guideline are uninsured. Without health insurance, the majority of this population will not seek preventive medical or dental care until the situation reaches an emergent status. At that point what could have been resolved at a fraction of a cost has now become a financial nightmare that can drive an individual to financial ruin.

While we have access to a hospital and providers, Ravalli County does not have access to providers on a sliding fee basis. The closest Community Health Center to Hamilton is located in Missoula. This is 50 miles north of Hamilton and on the best conditions approximately one hour away on a bad road. For an individual who cannot afford to go to the emergency room, the cost

of gas for the 100 mile round trip is now factored into that. Then we have the road. At times this portion of Highway 93 has been labeled as one of the ten most dangerous stretches in the US. So, here we have a single mother with sick children, she probably works two jobs, a car in questionable working order that gets poor gas mileage and she has to drive an hour each way to get reduced fee healthcare. She's lost time at work, she's paid extra for gas, she's has a prescription she may or may not be able to afford, she's got a car full of sick and crying kids and she's driving on a road that has a frighteningly high number of fatal accidents. She needs access to a local Community Health Center! NOW!

Since 2002 I have participated in writing three grants to the Bureau of Primary Healthcare (BPHC) in hopes of receiving a grant for a Community Health Center. Two of these grants were deemed approved but not funded. With each funding period there is the anticipation that this will be the time our clinic can be started. However, with each year we have found the funding to be cut, funding cycles canceled, rules changed, etc. After numerous discussions with consultants we find each recommends that we start a small clinic under the FQHC guidelines and then apply for the BPHC Community Health Center funding.

Today, by way of this letter, I am asking this House Appropriations Committee to please find the necessary dollars needed to finance state-funded Community Health Centers. Healthcare is at a crisis level in Montana and we need to start taking care of it at home. We have tried to get the assistance at the federal level and although we show the appropriate needs and ability to sustain the clinic, the bottom line is that the pie can only be cut so many ways. As I worked on this project there were days I came to believe it would be easier to fund this clinic with a bake sale than from the federal application process. This project became a passion for me. I, and many others, believe this clinic can change lives. Statistics will show that poor health can be tied to poor earning levels, you don't feel good, you don't work. This isn't just a plea for better healthcare; this is a plea to help our economic development. This clinic can and will assist people in getting the resources they need to make changes for the better.

Who will this clinic serve? In the time I've worked on this project I have continually been told stories by people who have medical needs. When visiting a local school, a principal told me of the overload his counselors had in dealing with the number of students who needed to see the psychologist or social worker. His school was lucky to have 3 on staff but each were seeing 2-3 times the number they should have been seeing. At the same school, a counselor related several incidents where the parents of students had so many emotional or mental problems that the young children were assuming the parental role, thus creating stress for the child and robbing the child of the needed childhood.

Dental care.....what a void! Hamilton has a dental angel in the name of Dr. Chet Nelson. This man has changed the lives of many who could not afford dental care. Through his generosity he has also donated a considerable amount of dental equipment for a future Community Health Center. However, there is an incredible need for a clinic that will provide sliding scale dental care. The local Head Start continually has seen children who on their screenings are in need of serious dental care. Elderly patients are in need of dental care which is not covered by Medicare or most insurance. The need is vast and covers all age groups.

Committee members, again I will say that funding of these clinics will change lives. You have the power to bring better healthcare to the individuals you have been elected to serve. By way of better healthcare, you help these individuals have better lives. You can make a significant difference in our community.

I wish I were able to be there today to talk to you. I can talk on this subject for hours and am passionate about it. I urge you to find these dollars and plant the seeds for these clinics, watch this grow and make the changes our communities need. As they say, if you build it, they will come.

Thank you for your time and attention to this matter. Please do not hesitate to contact me should you have additional questions. I can be reached at 406-239-3018.

Sincerely,

Sue Mitchell

Sue Mitchell
President, Sapphire Community Health, Inc.

February 7, 2007

Dear members of the House Appropriations Committee:

Seven years ago a number of us in Ravalli County including members of the county board of health, local physicians and nurses, a pharmacist, a financial expert and several other interested people, formed a steering committee to start a Community Health Clinic in our county. Although our grant for federal help was approved, it was never funded. Finding other sources for money to start up was our stumbling block – one which we were not able to overcome.

I practiced pediatrics in Stevensville for 23 years and continue to do adolescent medicine one day a week at Trapper Creek Job Corps in my retirement. A health clinic for low income and uninsured people had been a dream of mine for quite a few years and when I had more time and found more folks who were like-minded our efforts began. In Ravalli County as in most of Montana somewhere in the neighborhood of 20% of the population is in poverty and many are uninsured or underinsured. Since the introduction of the CHIP program the kids fare better than the adults. People in our county can and do seek care at the Community Health Clinic in Missoula but getting to Missoula from the south part of Ravalli County is expensive and sometimes impossible. People wait until they are very ill and end up with fragmented and very costly emergency room care. There are few if any dentists who see patients on Medicaid and mental health services are spread very thin.

The people of Ravalli County need a community health clinic with a sliding fee scale. More important, they need a medical home where they see primary care docs who practice good preventive medicine, who know their histories, who know them as individuals and treat them with dignity.

Sincerely yours,

Ellyn P. Jones MD, FAAP

Bullhook Clinic
A Section of the Hill County Health Department
302 4th Avenue Havre, MT 59501 • ph: 406.265.5481 ext. 266 • fax: 406.265.6976

February 7, 2007

Dear House Appropriations Committee Members;

I am writing in strong support of HB 406. The Bullhook Clinic has been working with the Montana Primary Care Association for the past few years to apply for a Federal Community Health Center Grant. Unfortunately, there has not been Federal Funds open for new start clinics. I strongly support the Montana Primary Care Association in their current efforts to seek funding to local communities for incubation projects.

The Bullhook Clinic, a section of the Hill County Health Department, was one of the success stories that grew out of the Hill County Health Consortium after being funded by a Federal grant to start an access clinic for the area uninsured and underinsured community members. Bullhook Clinic is already proving its benefit and cost savings to the community. The staff at the Health Department and Bullhook Clinic is dedicated to sustaining the clinic services beyond the original grant period despite a loss of Federal funds. 500 unduplicated patients have accessed the sliding fee scale since the clinic opened its doors in December 2005. The Family Practice Nurse Practitioner continues to see an average of 10 to 15 patients per day, three times a week. Over 200 clients have enrolled in Care Management for pharmacy assistance, primary care, dental and mental health coordination as well as travel voucher assistance.

Not only is Hill County designated as having a Medically Underserved Population, but it is also recognized as a Health Professional Shortage Area for primary care, dental, and mental health providers. The percentage of Hill County residence living at or below the Federal Poverty level is 18.4%, 1.5 times higher than the national average. The median income is $32,365 which is 6% lower than the state average and 25.3% lower than the national average.

When Federal legislative action eliminated the Healthy Communities Action Planning grant funding, the Bullhook Clinic had to reduce the staff by half, reduce wages to remaining staff, cut the Outreach and Information Technology programs, and reduce the hours offered by the provider. Even though the Hill County Commissioners have increased in-kind resources and continued to support our efforts, the future of the clinic is dependant upon additional state or federal funding to allow us to continue to provide quality services through a Community Health Center model that is proven to be effective for Montana people in their local communities.

Sincerely,

Cindy Smith RN
Director

Marge Levine
Office of Primary Care
Helena, MT

Dear Ms. Levine:

Thank you for the opportunity to speak in support of the proposed bill concerned with the funding of the Community Health Centers here in Rural Montana. As you are well aware, CHC's like ours are truly unique in that our isolated Communities would not have healthcare delivery that was accessible if it were not for these Health Centers. We need help from the State to continue as everyone is aware of how fast Healthcare is increasing, and our Centers are being asked to provide more and more. I don't think most city people that have more options realize how important to survival the CHC's are for Rural people. Your support is gratefully requested so we can continue to have health care delivery to our community.

Respectfully Submitted,

Karla Moore
Box 887
Lame Deer, MT 59043

Marge Levine
Office of Primary Healthcare
Helena, MT

Dear Ms Levine;

My name is Art McDonald and I work at the Ashland Community Health Center in Ashland, MT. I want to express how important the Center is to communities like Ashland that have few other Healthcare delivery options. With the cost of Medical attention so high and rising, Economics of the private sector make it impossible for sparsely populated communities like ours to have Providers with private practices. In addition, many of the community are under-insured or have no health insurance. The CHC is a much needed program that saves more than it costs by being accessible and capable of providing care that would other wise be escalated if we didn't exist.

Montana is not the only State that has Rural, isolated populations of under-served people, but we do have some of the most sparsely populated areas, designated as Frontier areas, that desperately need the help of the State to continue. In addition, the Centers are under constant demand from the community to expand the offered services. The people deserve the services and the Centers can provide those expanded services with a very cost-effective cost to the State.

In brief, I strongly support the effort to involve the State of Montana in providing healthcare to the Rural communities through funding of the Community Health Centers.

Thank you,

Arthur L McDonald
Box 47
Ashland, MT 59003

STATE DIRECT FUNDING TO COMMUNITY HEALTH CENTERS (CHCs) FY 2007

Highlighted States (14) provide funds to develop/expand CHCs and/or safetynet providers, similar to the proposed CHC Support Act.

State	FY07 State Funding	Purpose of Funds	Source of Funding
Alabama	No direct funding		N/A
Alaska	No direct funding		N/A
Arizona	$13.6 million	Uninsured	General Funds - $10.4 million; Tobacco Tax
Arkansas	3,091,630	Uninsured; Capital; Outstationing	State Agencies
California	47.3 million	Uninsured	General Revenues and Tobacco Tax
Colorado	$48,600,000 (Anticip.)	Uninsured	Tobacco Settlement and General Funds
Connecticut	4% increase		
Delaware	$1 million		
D.C.	$18.7 M (Proposed)	Uninsured (Medical Homes); Capital; Expansion	General
Florida	$7.4 million		
Georgia	$471,000	Develop/Expand Safety Net	General
Hawaii	$19,785,000	Uninsured; Capital; Outreach; Operations; Immig.	General Funds
Idaho	No direct funding.		N/A
Illinois	$11.6 million	Develop/Expand Safety Net	General Funds and Tobacco
Indiana	$15 million	Develop/Expand Safety Net (Incubator), Operations	Tobacco Settlement
Iowa	$1,075,000	Develop/Expand Safety Net (Incubator)	General Funds
Kansas	$3.25 million	Uninsured; Operations; Devel./Expand Safety Net	General Funds
Kentucky	No direct funding.		N/A
Louisianna	$8,745,000	Capital; Prescript Drugs; Other	General Funds and Capital Outlay
Maine	$235,000	Emergency Preparedness; IT	N/A
Maryland	$2.5 million	Emergency Preparedness; Capital; Operations	General Funds, Tobacco, Retroactive Insurance
Massachusetts	$88.13 million	Uninsured; Develop/Expansion; IT; Emerg.Prep.	Uncompensated and Safety Net Care Pools, General Funds, Safety Net Trust Fund
Michigan	$1.5 million	Underserved	
Minnesota	No direct funding		
Mississippi	$3,497,997	Uninsured	Tobacco Tax Funds
Missouri	$9 million	Uninsured; Capital; IT; Expand Safety Net, Chronic Dis. Mgmt, Provider Recruitment	General Funds
MONTANA	No direct funding		
Nebraska	$2.275 million	Uninsured	General Funds, Tobacco Settlement
Nevada	$570,603	Uninsured; Emerg. Prepareness; Dental Expansion	Tobacco Settlement, Fund for a Healthy Nevada, General Funds, other
New Hampshire	$6,463,089	Uninsured	General Funds, Block Grant, State Agencies
New Jersey	$41.9 Million	Uninsured; Expansion, Immig.	General Revenues and Provider Tax
New Mexico	$20.9 Million	Uninsured (School-based), Operations; Capital; IT	
New York	$23,931,500	Uninsured; Migrant, Capital	General Funds, Provider Surcharge, Tobacco,
North Carolina	$5 million	Uninsured; Develop/Expand Safety Net; Capital	
North Dakota	No direct funding		
Ohio	$2,700,000	Uninsured	General Funds, Tobacco
Oklahoma	$1,041,120	Uninsured, Develop/Expand Safety Net; Operations	General Revenues
Oregon	No direct funding		
Pennsylvania	No direct funding		
Puerto Rico	No direct funding.		
Rhode Island	$7.3 million	Increase Medicaid reimbursement	
South Carolina	$1 Million	Uninsured	General Funds
South Dakota	No direct funding.		
Tennessee	$6 million	Uninsured, Expand Safety Net; Diabetes Care; Medicaid	General Funds
Texas	$19,937,338	Develop/Expand Safety Net (Incubator), Uninsured	General Revenue, Family Planning: Title V,X, XX
Utah	$1.457 Million	Uninsured	General Funds
Vermont	$200,000	Uninsured (FQHC lookalikes)	General Funds,
Virginia	$1,279,675	Develop/Expand Safety Net,	General Funds
Washington	$9,152,040	Uninsured	Health Services Account
West Virginia	$6.8 million	Uninsured; Capital	General Funds
Wisconsin	$3 million	Expand Safety Net, Capital, Dental	General Funds
Wyoming	No direct funding.		

Data extracted from preliminary National Association of Community Health Center (NACHC) 10/2006 Survey Report. Purpose of funding has been categorized to identify funding for 1) Uninsured or uncompensated care; 2) Development and Expansion of FQHCs; 3) Capital Costs; 4) Selected Others (ie. Operations, Information Technology (IT), Increased Medicaid PPS reimbursement, Prescription Drug, etc.). This data has been simplified and is apt to change as new legislation is passed.

April 4, 2007
To: Montana Senate Finance and Claims Committee
Re: Support of HB406, Montana Community Health Center (CHC) Support Act
Fr: Kathie A. Bailey, Chairman of the Central Montana CHC

Kathie A Bailey

Eight years ago a group of approximately twenty citizens in central Montana concerned about health care and access to health care started work on the development of a CHC. I personally joined this group five years ago with the intent of completing an application to the U.S. Department of Health and Human Services.

The group identified the need for a CHC based on the demographics of the area, four of the six central Montana communities are **some of the poorest in the nation**; the high rate of incidence of diseases such as cancer, coronary heart disease, respiratory infection, mental illness; and other health disparities such as the high suicide rate, infant mortality rate, percent of elderly, and rate of occupational and environmental hazards; and individual stories that supported the lack of access to health care in the community.

A community survey indicated that approximately **24% of the residents don't have a local dentist**, with an even higher rate amongst the community's children. Approximately **12% don't have a local doctor or medical service provider**. When we called the doctor's offices as a patient requesting a new doctor, three of the twelve practicing doctors would not accept any new patients. Four of the doctors that did accept patients would do so only after a thorough interview and would have to determine if they would accept you once the interview was completed. When we called the dentist's offices as a patient requesting a new doctor, only one of the nine local dentists would accept Medicaid patients and only five of the nine dentists would accept new patients.

These surveys along with the demographics, health statistics, and individual stories confirmed the need for a community health center in central Montana. The group of concerned citizens formed a legal non-profit organization, sent members to a national grant application training for this program, followed federal guidelines and submitted an application to the U.S. Department of Health and Human Services in November 2004. **The well thought out application was not funded.**

What we learned through the process is that we must be up and running before the U.S. Dept. of Health and Human Services will consider funding a local community health center. The application asked specific information such as the names and resumes of employees, doctors, size of our facility, operating budget, and methods used to gather patient input, etc. All of this specific information can only be answered if an entity has been and is operational. When the opportunity to apply a second time in 2006 was offered, we did not apply, because we knew that we could not meet their criteria and be successful in the month allowed to complete the application. If we had been operational, a month would have been barely adequate time (but enough) to complete the application and submit for consideration.

If Montana is to be successful in securing federal assistance for access to health care, we need the support of the state through legislation such as the one before you. This kind of state support is what is enabling other states to be successful in securing federal funding and establishing CHC's in their state.

This legislation certainly would be a benefit to central Montana, but it would also be a benefit to Montana in the whole. There are many communities across Montana with very similar demographics and health care access issues such as I have described. I realize that funding this program would require some of the state's resources; however, not addressing these health care issues could cost the state a greater amount of resources in the long run. This bill is on the prevention rather than intervention side of health care and therefore, the financial benefits are realized down the road and aren't as visible as addressing the "wreck".

I encourage you to be progressive and support this legislation for Montana's health care future. I apologize for my inability to be here in person and hope that you will regard this as favorably as personal testimony.

MONTANA'S COMMUNITY HEALTH CENTERS

Ashland Community Health Center..... Ashland

Butte Community Health Center .....Butte
Satellites: Dillon Community Health Center.....Dillon
Sheridan Community Health Center.....Sheridan

Community Health Care Clinic.....Great Falls

Community Health Partners.....Livingston
Satellites: Gallatin Community Clinic.....Bozeman
GCC.....West Yellowstone

Cooperative Health Center.....Helena

Custer County Community Health Center.....Miles City

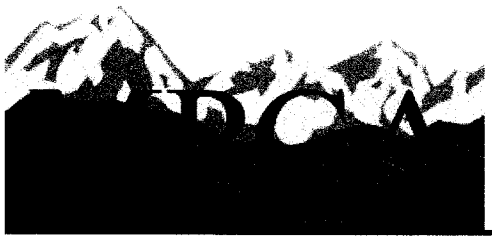
Deering Clinic.....Billings

Glacier Community Health Center.....Cut Bank

Lincoln County Community Health Center.....Libby
Satellites: LCCHC .....Eureka & Troy

Partnership Health Center.....Missoula

Sweet Medical Center.....Chinook
Satellite: Harlem Senior Center.....Harlem



HB 406
MONTANA COMMUNITY HEALTH CENTER SUPPORT ACT

The Montana Community Health Center Support Act will ***expand access to health care services for low income, uninsured, underinsured, and rural*** **Montanans**. The act will provide, for the first time in Montana, state funds to "*incubate*" new Community Health Centers, and expand services such as dental and mental health services at existing health centers. The act will:

- Provide new primary care, mental health, and dental services to approximately 5,000 Montanans per year, which would include an additional 3,200 uninsured and new access points for 1,800 Montanans who are covered by Medicaid, Medicare, CHIP, and private insurance.
- Provide services to patients based upon their ability to pay, using a sliding-scale fee arrangement.
- Establish new Community Health Center(s) each biennium in communities that need and want them.
- Enable these new centers to be competitive for federal grants funds that will support them in the long term.
- Focus on providing *access* and local medical *care*, rather than new insurance coverage.
- Complement other health care programs, including Medicaid, CHIP, Medicare, small business purchasing pools, (such as Insure Montana), and private insurance.
- Save tax dollars, by directing money to provide primary care and preventive services to Montanans, thereby reducing more costly expenditures for specialty and hospital care.
- Provide a great return on investment for Montana. CHCs have brought over $90 million in federal funding to Montana since 1985.
- Place Montana alongside the 36 other states that are already providing state support to their Community Health Center networks.

The Montana Community Health Center Support Act will strengthen and expand our health care safety net, and will improve health outcomes for Montana's medically vulnerable populations. As a result, fewer Montanans will rely on costly sources of care, such as the emergency room. Health centers are good public investments that generate substantial benefits for patients, communities, insurers, and our state.

For more information, contact Chuck Hunter, Montana Primary Care Association (406-442-2750) or log on to www.mtpca.org.

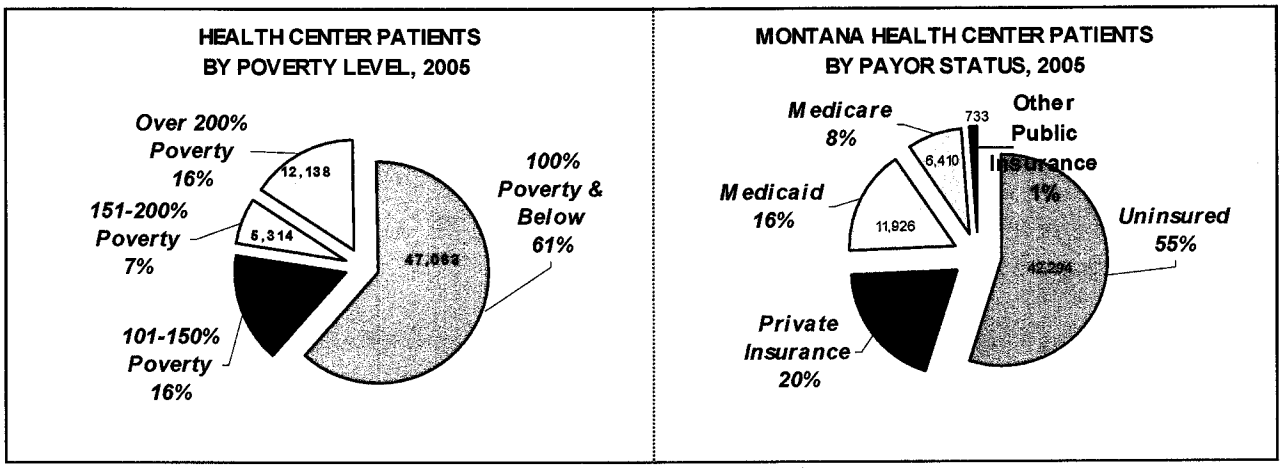
MONTANA'S COMMUNITY HEALTH CENTERS

What are Community Health Centers?

Community Health Centers (CHCs) are local, non-profit, community-owned health care providers serving low income and medically underserved communities. For over 40 years, the national network of health centers has provided high quality, affordable, primary care and preventive services. The comprehensive services offered at health centers include "family doctor" services, as well as dental, pharmaceutical, mental health and substance abuse services. Also known as "Federally Qualified Health Centers, CHCs are located in areas where care is needed, but scarce, and improve access to care for millions of Americans and thousands of Montanans regardless of their insurance status or ability to pay. Cost of care in CHCs ranks among the lowest, and the need for more expensive in-patient care and specialty care is reduced saving billions of dollars for taxpayers.

Who do Community Health Centers Serve?

In 2006, almost 80,000 Montanans received services at a Community Health Center. Health center patients are among Montana's most vulnerable populations – people, who even if insured, would nonetheless remain isolated from traditional forms of medical care because of where they live, who they are, and their higher levels of complex health care needs. Patients are disproportionately low income, uninsured, or publicly insured. As the figures below demonstrate, 61% of Montanans served at health centers have family incomes **at or below poverty level** ($16,090 for a family of three in 2005), and a full 84% have incomes at or below 200% of poverty. Moreover, 55% of those served at Montana's Health Centers are **uninsured**, while 16% are Medicaid recipients and 8 percent are covered by Medicare.



How do Community Health Centers Make a Difference?

Health Centers are governed by local boards that must have health center patients as a majority of members. Active patient management of health centers assures responsiveness to local needs. National standards for health centers help to guarantee quality care that is comprehensive and cost effective. CHCs improve the quality of life for patients and communities in the following ways:

- **Improve access to primary and preventive care.** Health centers provide preventive services to vulnerable populations that would otherwise not have access to services such as immunizations, health education, mammograms, pap smears, and other screenings. Low income and uninsured health center patients are much more likely to have a usual source of care, are much less likely to have unmet medical needs, and are much less likely to visit the emergency room or have a hospital stay than those without a health center.
- **Provide cost-effective care.** Care received at health centers is ranked among the most cost-effective. Studies find that health centers save the Medicaid program around 30% in annual spending for health center Medicaid beneficiaries, due to reduced specialty care referrals and fewer hospital admissions.
- **Provide high quality care and effectively manage chronic illness.** Multiple studies show that the quality of care provided at health centers is equal to or greater than the quality of care provided elsewhere. Both the Institute of Medicine and the General Accountability Office recognize health centers as models for screening, diagnosing, and managing chronic health conditions.
- **Create jobs and stimulate economic growth.** Health centers are local businesses, provide good jobs, and help stabilize communities. In addition, Community Health Centers bring federal dollars to Montana – CHCs have brought over $90 million in federal grants to Montana since 1985.